

WHAT RESULT DO WE WANT?

All children in North Carolina thrive in safe, stable, and nurturing environments.

WHY IS THIS IMPORTANT?

Numerous studies have found a consistently strong relationship between an increasing number of Adverse Childhood Experience (ACEs) and poor health outcomes in adults. While the National Survey of Children's Health does not capture the timing of ACEs or the onset of poor health outcomes, a similar dose-response relationship is found between ACEs and health outcomes in children. In 2017-2018, the percentage of children with complex or poor physical and social-emotional health increased as the number of parent-reported ACEs increased. For example, 14.3% of children with no ACEs had special health care needs, increasing to 43.5% among children with four or more ACEs. The same pattern was found between number of ACEs and poorly rated physical health, difficulty making and keeping friends, behavior or conduct problems, anxiety, and depression.¹

HNC 2030 HEADLINE INDICATOR:

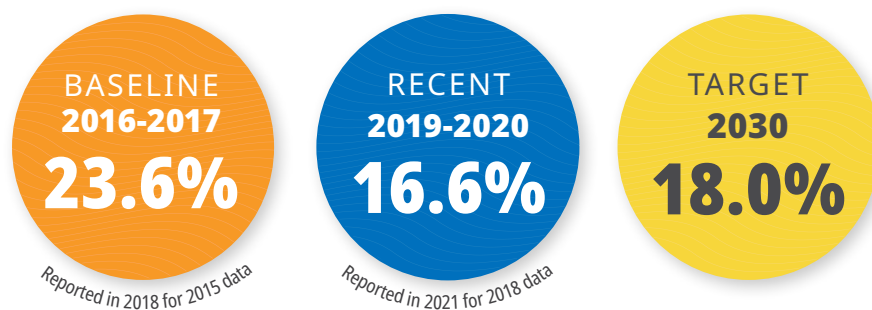
Percent of children with two or more adverse childhood experiences

WHAT DOES THIS INDICATOR MEASURE?

Indicator is percentage of children having experienced at least two of the following:

- Parent/guardian divorced or separated
- Parent/guardian died
- Parent/guardian served time in jail
- Saw or heard parents or adults slap, hit, kick, punch one another in the home
- Was a victim of violence or witnessed violence in his or her neighborhood
- Lived with anyone who was mentally ill, suicidal, or severely depressed
- Lived with anyone who had a problem with alcohol or drugs
- Was treated or judged unfairly because of his or her race or ethnic group

BASELINE DATA FROM HNC 2030



HOW ARE WE DOING?

The Overall, the percentage of children with two or more adverse childhood experiences is trending downward, with an estimate of 23.6% in 2016 - 2018 to 16.6% in 2019 - 2020.

Data for race/ethnicity shows that the highest percentage of adverse childhood experiences is reported for Black/African American and "other." The percentage is almost twice as high for these race/ethnicity groups compared to the White/Caucasian group.

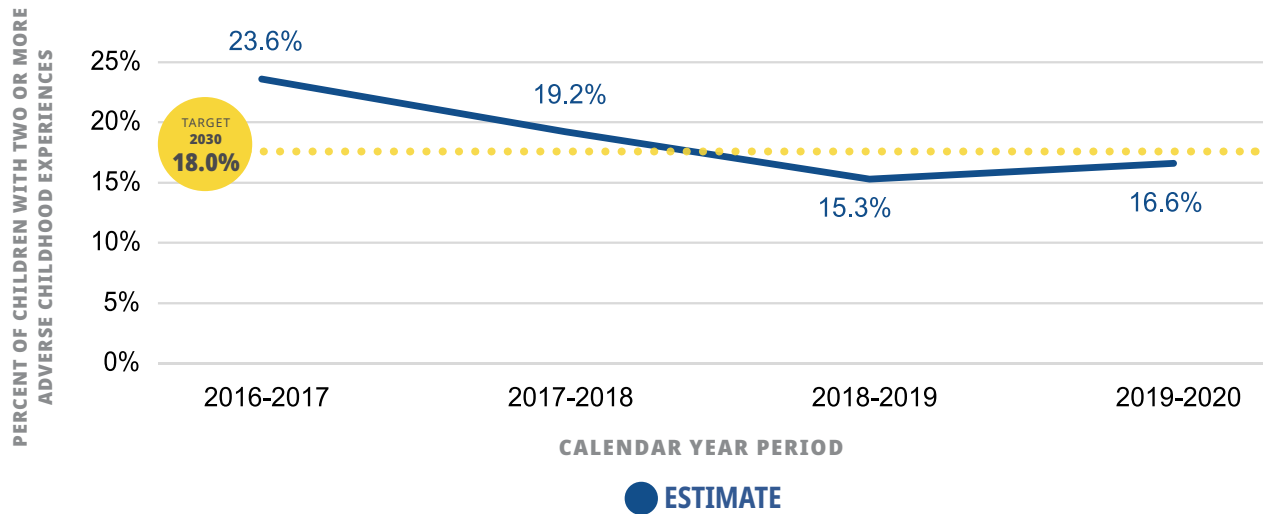
The percentage of children in families with the lowest household incomes are impacted 3.5 times more by adverse childhood experiences than children from families with higher household incomes.

The data show that the percentage of adverse childhood experiences by gender are almost equivalent, with a slight increase in percentage for females in 2019 - 2020.

Even though this indicator is trending in the right direction, there is a significant difference between Black/African American children and White/Caucasian children. The data point to a correlation between family household income, and the percentage of adverse childhood experiences reported.

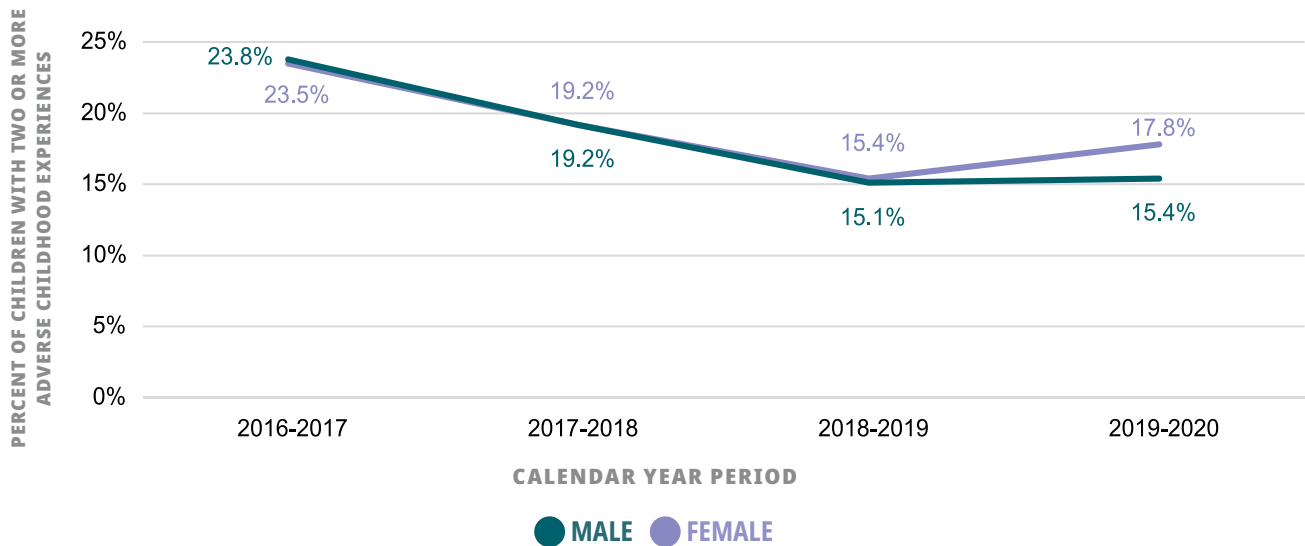
CURRENT DATA TRENDED OVER TIME

Figure 28. Percent of children with two or more adverse childhood experiences in North Carolina (2016 - 2020)



Percentages and population estimates are weighted to represent child population in the United State of America. Data Source: : National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. <https://mchb.hrsa.gov/data/nationalsurveys>

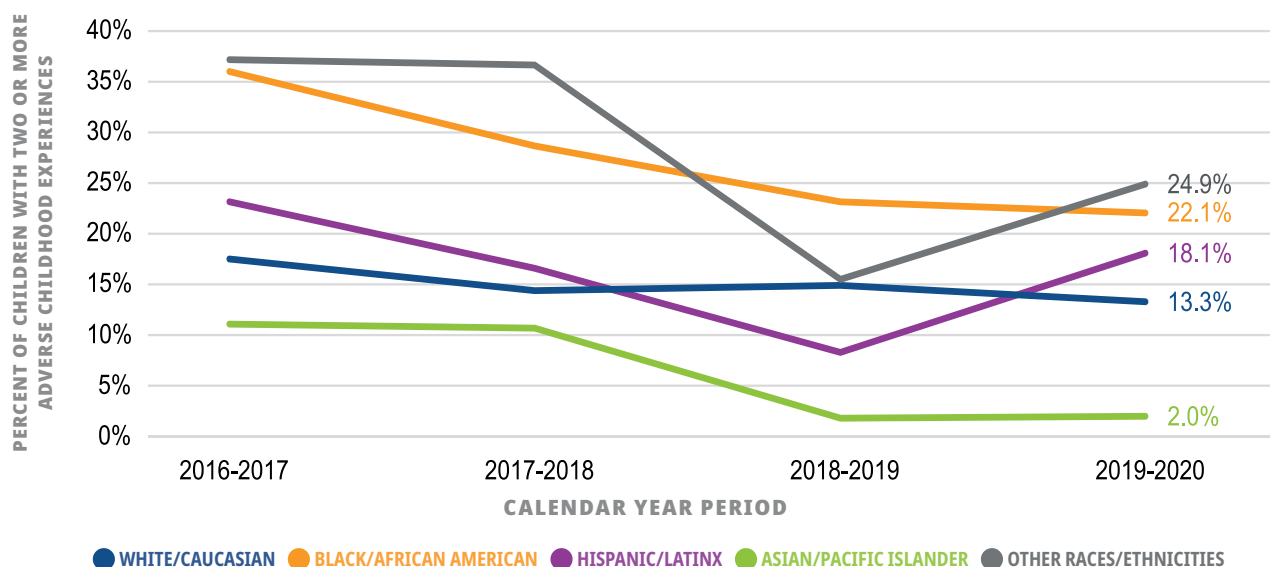
Figure 29. Percent of children with two or more adverse childhood experiences in North Carolina by gender (2016 - 2020)



Percentages and population estimates are weighted to represent child population in the United State of America. Data Source: : National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. <https://mchb.hrsa.gov/data/nationalsurveys>

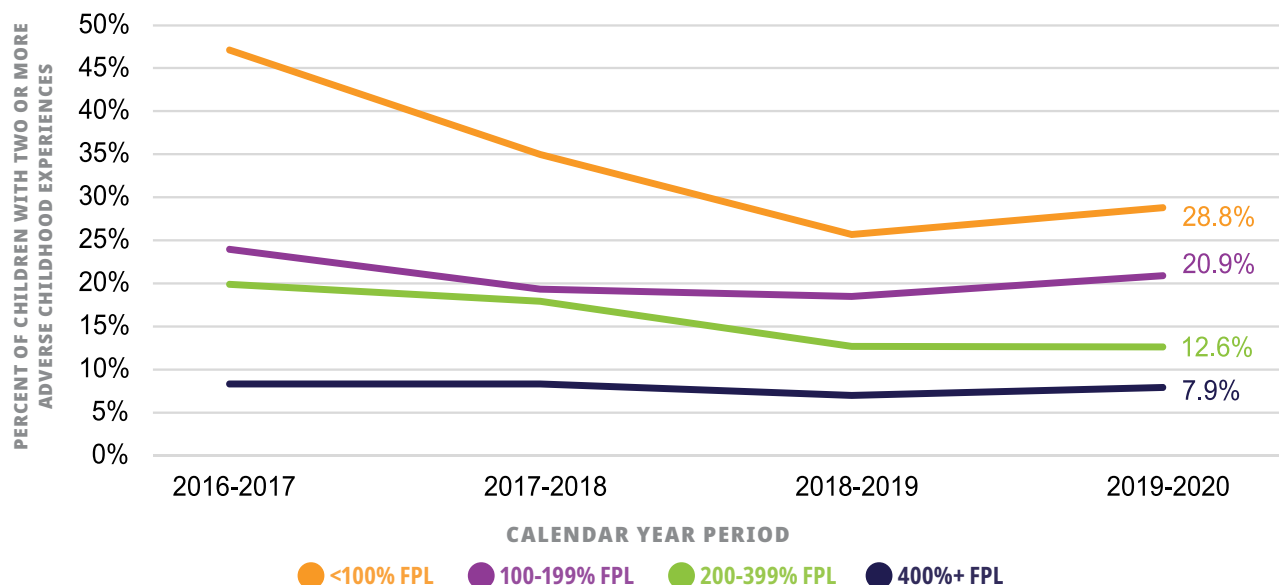
ADVERSE CHILDHOOD EXPERIENCES

Figure 30. Percent of children with two or more adverse childhood experiences in North Carolina by race/ethnicity (2016 - 2020)



Data unavailable for American Indian/Alaska Natives. Percentages and population estimates are weighted to represent child population in the United States of America. Data source: : National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. <https://mchb.hrsa.gov/data/nationalsurveys>

Figure 31. Percent of children with two or more adverse childhood experiences in North Carolina by poverty level (2016 - 2020)



Percentages and population estimates are weighted to represent child population in the United State of America. Data Source: : National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. <https://mchb.hrsa.gov/data/nationalsurveys>

THE STORY BEHIND THE CURVE

"Childhood adversity changes our biological systems – those with higher ACE scores have greater health risks over the course of a lifetime."²

Research consistently shows that ACEs are common.³

"Historical and ongoing traumas due to systemic racism and discrimination or the impacts of multigenerational poverty resulting from limited educational and economic opportunities intersect and exacerbate the experience of other ACEs, leading to disproportionate effects in certain populations (Nurius, Logan-Greene, and Green, 2012, as cited in CDC, 2020)."⁴

WHAT OTHER DATA DO WE NEED?

NC DHHS, in partnership with a diverse set of stakeholders, developed a standardized set of social determinants of health screening questions ([Appendix A](#)) to address and acquire data on the following:

- Food insecurity
- Housing instability
- Lack of transportation
- Interpersonal violence

WHAT COULD WORK TO TURN THE CURVE?

- Expand community and domestic violence prevention programs
- Increase access to behavioral health treatment
- Increase access to children's mental health services by expanding mental health services in primary care, schools, and specialty care
- Increase access to evidence-based parenting (including fatherhood programs), early intervention, and home visiting programs
- Increase minimum wage and employment opportunities
- Invest in better data to enhance ability to assess and address adverse childhood experiences
- Invest in care management and connections to treatment for families with substance use disorders who are involved in the Child Welfare System
- Strengthen Juvenile Crime Prevention Councils

RECOMMENDED READING/LISTENING

Bellazaire, A. (2018, August). Preventing and mitigating the effects of adverse childhood experiences. National Conference of State Legislatures. https://www.ncsl.org/Portals/1/HTML_LargeReports/ACEs_2018_32691.pdf

Garner, A. and Yogman, M. (2021, August). Preventing childhood toxic stress: Partnering with families and communities to promote relational health. *Pediatrics*, 48,(2). <https://doi.org/10.1542/peds.2021-052582>

Harris, N.B. (2018). *The deepest well: Healing the long-term effects of childhood adversity*. Houton Mifflin Harcourt.

Substance Abuse and Mental Health Administration (SAMHSA). (2019, February). *Behavioral health services for American Indians and Alaska natives: Executive summary*. https://store.samhsa.gov/sites/default/files/d7/priv/tip_61_aian_full_document_020419_0.pdf

Trent, M., Dooley, D., and Douge, J. (2019, August 1). The impact of racism on child and adolescent health. *Pediatrics*, 144(2). <https://publications.aap.org/pediatrics/article/144/2/e20191765/38466/The-Impact-of-Racism-on-Child-and-Adolescent?autologincheck=redirected>

Van Der Kolk, Bessel. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

NC PARTNERS WHO CAN HELP US

PARTNER/POTENTIAL PARTNER	WEBSITE LINK
Center for Child & Family Health	https://www.ccfhnc.org/
Kellin Foundation	https://www.kellinfoundation.org/
North Carolina Academy of Family Physicians	https://www.ncafp.com/
North Carolina Child Treatment Program	https://www.ncchildtreatmentprogram.org/
North Carolina Division of Child and Family Well-Being	https://www.ncdhhs.gov/divisions/division-child-and-family-well-being
North Carolina Homeless Education Program	https://hepnc.uncg.edu/
North Carolina Infant and Young Child Mental Health Association (NCIMHA)	https://www.ncimha.org/
North Carolina Judicial Branch- Chief Justice's Task Force on ACEs	https://www.ncahec.net/healthy-north-carolina-2030/
North Carolina Area Health Education Centers (NC AHEC)	https://www.ncahec.net/
North Carolina Pediatric Society	https://www.ncped.org/
North Carolina Psychological Foundation	https://www.ncpsychology.org/
Our Children's Place of Coastal Horizons Center	https://coastalhorizons.org/
Parenting Inside Out	http://www.parentinginsideout.org/
The National Conference for Community and Justice of the Piedmont Triad, Inc. (NCCJ of the Piedmont Triad)	https://www.nccjtriad.org/programs/
The North Carolina Partnership for Children, Inc. - Smart Start	https://www.smartstart.org/
Together for Resilient Youth (T.R.Y.)	https://try4resilience.org/
Wellness Recovery Action Plan (WRAP)	https://www.wellnessrecoveryactionplan.com/wrap-can-help/youth-children/
Winer Family Foundation	https://www.wffcharlotte.org/